



SANTA CLARA PARKS & RECREATION DEPARTMENT YOUTH ACTIVITY CENTER

2011 HALLOWEEN PARTY

VOLUNTEERS NEEDED!

VOLUNTEER INTEREST FORM

Santa Clara Parks & Recreation Department will be holding the annual HALLOWEEN PARTY on **Monday, October 31, 2011 from 3:00-6:00pm**. The party will be held at the Youth Activity Center, located at 2450 Cabrillo Ave., in Santa Clara.

Volunteers are NEEDED to help out before, during, and after the Halloween Party. Listed below are the dates & times when help is needed. Please indicate the times you are available to volunteer and return this form to Gayle Ichiho at the Walter E. Schmidt Youth Activity Center. Thank you! **HAPPY HALLOWEEN!**

WE COULD USE YOUR HELP....

PLEASE INDICATE THE DAYS & TIMES WHEN YOU ARE AVAILABLE.

SATURDAY, OCTOBER 29	1:00-5:00PM	SET-UP FOR THE EVENT
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MONDAY, OCTOBER 31	12:00-3:00PM	SET UP FOR THE PARTY
	3:00-6:00PM	PARTY ASSIGNMENTS
	6:00-7:30PM	CLEAN UP

***On reverse side, please sign the event liability form.**

NAME:

ORGANIZATION/ SCHOOL:

ADDRESS:

PHONE NUMBER:



THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT OUR EVENT!
IF YOU HAVE ANY QUESTIONS, PLEASE CALL GAYLE
@ THE WALTER E. SCHMIDT YOUTH ACTIVITY CENTER (408) 615-3760.

**CITY OF SANTA CLARA, CALIFORNIA
VOLUNTARY SERVICE PROGRAM PARTICIPANT
RELEASE OF LIABILITY FORM**

DATE _____

(PLEASE PRINT OR TYPE)

PARTICIPANT'S NAME: _____

RESIDENCE ADDRESS: _____

CITY _____ STATE/ZIP _____

HOME TELEPHONE _____ AGE _____ DOB _____ / _____ / _____

PARENT'S NAME _____

ADDRESS _____

(IF DIFFERENT THAN PARTICIPANT'S ADDRESS)

The undersigned participant does hereby release the Santa Clara, California, a chartered California municipal corporation, ("City") its City Council, agents, representatives, employees, volunteers, agents and/or assigns, as well as all other participants, from any and all claims, obligations, choices of action, and liability of any kind, arising from the involvement participant's involvement in any events conducted as part of the **Halloween special event**, or in connection with any work, labor, or services performed by the undersigned for and on behalf of any of the participants in events conducted and sponsored by the City, or otherwise. This release is intended as a full and complete release covering any possible claims, contingent or otherwise, involving personal injury or property damage which may arise in connection with various events sponsored by the City.

This release includes, although it is not specifically limited to, any claim for any injuries or damages which the undersigned may suffer in connection with the **Halloween special event** related actions in connection with any work, labor, or services performed by the undersigned for or on behalf of the City, regardless of whether the undersigned is actually participating in said activities, any injury to the person or damage to property which may be suffered by the undersigned as the result of or arising out of the Program. The consideration for this release is the undersigned's participation in the **Halloween special event** the permission granted by City to the undersigned to enter onto City property or to participate in events and activities sponsored by the **Halloween special event**, and the permission granted by City to the undersigned to engage in any City sanctioned or sponsored events.

Participant's Signature: _____

If Participant is under 18 years,

Parent/Guardian Signature: _____

<http://csi/depts/PRInsite/PRDocs/Volunteer FormHalloween.doc>